

September 11, 1998

2612 '98 SEP 14 A10:59

IDE Document Mail Center (HFZ-401)
Center for Devices and Radiological Health
Food and Drug Administration
9200 Corporate Boulevard
Rockville, MD 20850

RE: **IDE Number G960214/21**
CardioLogic VEST-CPR[®] System
Public Disclosure After Study Termination

Dear Sir/Madam:

In accordance with Federal Regulation 21 CFR §50.24 (a) (7) (ii) and (iii), §56.109(g) and §812.47(a), we are submitting public disclosure information that appraised the community and researchers of the termination of the VEST-CPR study and its results.

As required by Federal Regulation 21 CFR §56.109(g) and §812.47(a), each IRB has provided a copy of the information that was publicly disclosed. In addition, the IRB's have provided written verification of their review and approval of the information prior to its disclosure.

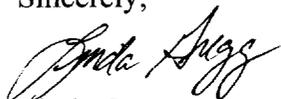
A duplicate copy of this information has been sent to Dockets Management at the following address:

Docket number 95S-0158
Dockets Management Branch (HFA-305)
Food and Drug Administration
12420 Parklawn Drive Room 1-23
Rockville, MD 20857

I would appreciate the FDA considering IDE G960214 officially terminated and all requirements completed in accordance with Federal Regulation 21 CFR §812.150 (7).

If you have any questions, please do not hesitate to contact me at (410) 691-5200.

Sincerely,



Linda Gregg
Director of Clinical Affairs
Official Correspondent

955-0158

RPT 4 

CARDIOLOGIC SYSTEMS, INC.

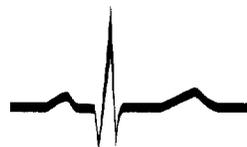
**INVESTIGATIONAL DEVICE EXEMPTION
NUMBER G960214**

SUPPLEMENT # 21

September 11, 1998

Volume 1 of 1

**Sponsored By:
CardioLogic Systems, Inc.
7455-T New Ridge Road
Hanover, Maryland, USA 21076-3143**



2613 '98 SEP 14 10:59

**INVESTIGATIONAL DEVICE EXEMPTION NUMBER G960214
SUPPLEMENT # 21**

VEST-CPR SYSTEM

**Public Disclosure and Community Notification
Regarding Study Termination**

Submittal Date: September 11, 1998

Sponsored By:

**CardioLogic Systems, Inc.
7455-T new Ridge Road
Hanover, Maryland, USA 21076**

**(Tel) 410-691-5200
(Fax) 410-691-5212**

CardioLogic Systems, Inc.

Investigational Device Exemption Number G960214/S21

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VCU and MCV Hospitals - Richmond, VA		3
Glendale Memorial Hospital - Glendale, CA		4



—



Hamot

Hamot Research Center
104 East 2nd Street
Erie, PA 16507
(814) 877-6026
Fax: (814) 877-5089

Linda Gregg
Cardiologic Systems, Inc.
7455-T New Ridge Rd.
Hanover, MD 21076-3143

June 2, 1998

Dear Ms. Gregg,

On May 21, 1998, Geoffrey Burbridge, MD, Chairman of the Hamot Medical Center Institutional Review Committee provided expedited review and approval of a community notification disclosure for the study, "Clinical investigation of the VEST-CPR system in Adults". When this approval was reported at the June 1, 1998 IRC meeting, suggestions were made to revise the advertisement (Attachment 1).

Would you please revise the community notification disclosure as specified and return for review by our Community Relations and Risk Management Departments. Thank you for your assistance.

Sincerely,

Phyllis J. Kuhn, PhD
IRC Secretary

HAMOT MEDICAL CENTER

VEST-CPR® STUDY

COMMUNITY NOTIFICATION

Though Hamot did not enroll any patients

Hamot Medical Center of Erie, Pennsylvania was one of four centers in the United States that was chosen to participate in a study of a new, potentially life-saving treatment for patients suffering cardiac arrest. Randomly selected patients suffering cardiac arrest in selected areas of the hospital were treated with a new way of performing Cardio-Pulmonary Resuscitation (CPR). The conditions of the study were carefully described in an FDA-approved Investigational Device Exemption.

The new treatment, called VEST-CPR, relied on a device invented at The Johns Hopkins University Hospital in Baltimore and developed by CardioLogic Systems, Inc., located in Hanover, Maryland. This device performed the CPR chest compressions using a "vest", resembling an oversized blood pressure cuff, around the chest. Scientific evidence indicated that VEST-CPR may increase the survival rate of cardiac arrest patients over manual CPR.

Ten (10) patients were enrolled into the study from 28-Jul-97 to 29-Oct-97. Three (3) patients received manual CPR, while the remaining seven (7) patients received VEST-CPR. Of the three manual patients, only one (1) experienced a return of a spontaneous circulation. This patient eventually rearrested and did not survive. Of the seven (7) vest patients, three (3) experienced a return of a spontaneous circulation. These three patients did not survive after rearresting in the hospital.

Seven (7) ^{Nationwide MCH} males and three (3) ^{women} females were enrolled. The average age was 72.3 years. The average duration of CPR was 13.80 minutes (manual = 14.67, vest = 13.43). The primary diagnosis, or arrest causality, was myocardial infarction (4), congestive heart failure (4), lethal arrhythmias (1), and end-stage leukemia (1). *from 7/28/97 to 10/29/97*

An exception from consent, authorized by the U.S. Food and Drug Administration (21 CFR 50.24), was used for all 10 ^{patients} ^{as} ^{obtaining} informed consent from the patient, a family member, or a legally authorized representative at the time when the patient was in critical need for immediate treatment, *was not feasible.*

On November 7, 1997 CardioLogic *because of lack of funding.* suspended and then terminated all investigations of the VEST-CPR system. If you have any questions about the study, you may contact Linda Gregg, Director of Clinical Affairs, CardioLogic Systems, Inc., 1-800-321-4277.

RECEIVED MAY 12 1998

NO HAMOT MEDICAL CENTER PATIENTS WERE TREATED WITH THE



Hamot

Hamot Medical Center
201 State Street
Erie, PA 16550
(814) 877-6000
<http://www.hamot.org>

Linda Gregg
Cardiologic Systems, Inc.
7455-T New Ridge Rd.
Hanover, MD 21076-3143

May 21, 1998

Dear Ms. Gregg:

On May 21, 1998, a community notification disclosure for the study, "Clinical investigation of the VEST-CPR system in Adults", was approved through expedited review. This disclosure received previous review and approval from representatives of the Food and Drug Administration.

Sincerely,

Geoffrey Burbridge, MD, IRC Chairman

cc. Leo Bennett, MD
Brad Cooper, PharmD
Phyllis J. Kuhn, PhD, IRC Secretary

HAMOT MEDICAL CENTER
VEST-CPR® STUDY
COMMUNITY NOTIFICATION

Hamot Medical Center of Erie, Pennsylvania was one of four centers in the United States that was chosen to participate in a study of a new, potentially life-saving treatment for patients suffering cardiac arrest. Though Hamot did not enroll any patients, randomly selected patients suffering cardiac arrest at the other hospitals were treated with a new way of performing Cardio-Pulmonary Resuscitation (CPR). The conditions of the study were carefully described in an FDA - approved Investigational Device Exemption.

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An exception from consent, authorized by the U.S. Food and Drug Administration (21 CFR 50.24), was used for all ten patients, as obtaining informed consent from the patient, a family member or a legally authorized representative at the time the patient was in critical need for immediate treatment, was not feasible.

On November 7, 1997 CardioLogic suspended and then terminated all investigations of the VEST-CPR system. No Hamot Medical Center patients were treated with the device. If you have any questions about the study, you may contact Linda Gregg, Director of Clinical Affairs, CardioLogic Systems, Inc., 1-800-321-4277.

HAMOT MEDICAL CENTER
VEST-CPR® STUDY
COMMUNITY NOTIFICATION

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—



Presbyterian Healthcare System

Presbyterian Hospital
200 Hawthorne Lane
Post Office Box 33549
Charlotte, NC 28233-3549
(704) 384-4000
<http://www.presbyterian.org>

July 12, 1998

Amicus Research
Presbyterian Healthcare
200 Hawthorne Lane
Charlotte NC 28207

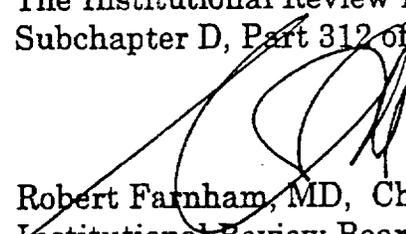
RE: IRB # 97009 - CPR Vest Trial

This is to confirm for your records that the revision for the above referenced protocol was approved by the Institutional Review Board (IRB) on July 12, 1998 through expedited review and four other IRB voting members.

Revision includes a public notification article regarding the completion of the aforementioned study and the outcome.

A copy of this revision is on file in the IRB Office. Any changes must be submitted to the IRB for approval prior to implementation. Any unexpected or significant adverse events should be reported immediately.

The Institutional Review Board is in compliance with the requirements in Part 56, Subchapter D, Part 312 of 21 Code of Federal Regulations.


Robert Farnham, MD, Chairperson
Institutional Review Board

The Whole Approach To Health.

**AMICUS RESEARCH FOUNDATION/MID CAROLINA CARDIOLOGY
PRESBYTERIAN HOSPITAL
VEST-CPR® STUDY
COMMUNITY NOTIFICATION**

Presbyterian Hospital of Charlotte, NC was one of four centers in the United States chosen to participate in a study of a new, potentially life-saving treatment for patients suffering cardiac arrest. Randomly selected patients suffering cardiac arrest in selected areas of the hospital were treated with a new way of performing Cardio-Pulmonary Resuscitation (CPR). The conditions of the study were carefully described in an FDA approved Investigational Device Exemption.

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Unfortunately, just shortly after the study began, on November 7, 1997 CardioLogic suspended and then terminated all investigations of the VEST-CPR system in order to pursue other company interests. Nationally, only ten (10) patients were enrolled into the study from 28-Jul-97 to 29-Oct-97. Seven (7) males and three (3) females were enrolled. The average age was 72.3 years while the average duration of CPR was 13.80 minutes. Three (3) patients received manual CPR while the remaining seven (7) patients received VEST-CPR. Of the three manual patients, only one (1) experienced a return of a spontaneous circulation. This patient eventually rearrested and did not survive. Of the seven (7) vest patients, three (3) experienced a return of a spontaneous circulation. These three patients did not survive after rearresting in the hospital.

The need to find a better resuscitation technique is indisputable. Studies have shown that when a patient fails initial defibrillation, even the best manual CPR results in a long term survival rate of only 5-10%. It is unfortunate that the question of whether VEST-CPR is any better than standard CPR will have to await further study.

If you have any questions about the study, you may contact Linda Gregg, Director of Clinical Affairs, CardioLogic Systems, Inc., 1-800-321-4277.

**AMICUS RESEARCH FOUNDATION/MID CAROLINA CARDIOLOGY
PRESBYTERIAN HOSPITAL
VEST-CPR® STUDY
COMMUNITY NOTIFICATION**

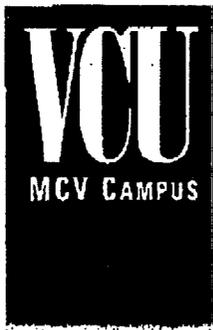
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Virginia Commonwealth University

**DEPARTMENT OF ORAL AND
MAXILLOFACIAL SURGERY**

SCHOOL OF DENTISTRY
521 NORTH 11TH STREET
P.O. BOX 980566
RICHMOND, VIRGINIA 23298-0566

804 828-0602
FAX: 804 828-0056
TDD: 1-800 828-1120

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ASSOCIATE PROFESSOR

A. OMAR ARUBAKER, DMD, Ph.D.
ASSOCIATE PROFESSOR

May 12, 1998

Ms. Linda Gregg
Cardiologic Systems, Inc.
7455-T New Ridge Road
Hanover, Maryland 21076-3134

Dear Ms. Gregg:

This letter is to confirm that I reviewed and approved the Community Notification regarding the termination of the VEST-CPR clinical trial.

Thank you,

A handwritten signature in cursive script, appearing to read "Robert Campbell".

Robert L. Campbell, D.D.S.
Professor
Oral and Maxillofacial Surgery
and Anesthesiology

RLC:rth

VIRGINIA

B4 SATURDAY, JULY 25, 1998 •

RICHMOND TIMES-DISPATCH

VIRGINIA COMMONWEALTH UNIVERSITY AND MEDICAL COLLEGE OF VIRGINIA HOSPITALS VEST-CPR® STUDY COMMUNITY NOTIFICATION

The Virginia Commonwealth University and Medical College of Virginia Hospitals were one of four centers in the United States chosen to participate in a study of a new, potentially life-saving treatment for patients suffering cardiac arrest. Randomly selected patients suffering cardiac arrest in selected areas of the hospital were treated with a new way of performing Cardio-Pulmonary Resuscitation (CPR). The conditions of the study were carefully described in an FDA approved Investigational Device Exemption.

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The need to find a better resuscitation technique is indisputable. Studies have shown that when a patient fails initial defibrillation, even the best manual CPR results in a long term survival rate of only 5-10%.

If you have any questions about the study, you may contact Linda Gregg, Director of Clinical Affairs, CardioLogic Systems, Inc., 1-800-321-4277.

VIRGINIA

B4 TUESDAY, JULY 21, 1998 •

RICHMOND TIMES-DISPATCH

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Glendale News-Press

WEDNESDAY, SEPTEMBER 2, 1998

25 CENTS

Serving the Glendale community since 1905

GLENDALE MEMORIAL HOSPITAL AND HEALTH CENTER VEST-CPR® STUDY COMMUNITY NOTIFICATION

The Glendale Memorial Hospital and Health Center was one of four centers in the United States chosen to participate in a study of a new, potentially life-saving treatment for patients suffering cardiac arrest. Randomly selected patients suffering cardiac arrest in selected areas of the hospital were treated with a new way of performing Cardio-Pulmonary Resuscitation (CPR). The conditions of the study were carefully described in an FDA approved Investigational Device Exemption.

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PAID ADVERTISEMENT

ON DECK
Glendale High football
looks for a return to glory

Sports

STAT OF THE DAY
GCC has made the playoffs in seven of
Joe Agoston's 11 years as coach

WEEKEND: AUGUST 29-30, 1998

GLENDALE NEWS-PRESS SPORTS DEPARTMENT 637-3245-17

GLENDALE MEMORIAL HOSPITAL AND HEALTH CENTER VEST-CPR® STUDY COMMUNITY NOTIFICATION

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PAID ADVERTISEMENT

LINDA - I think this is probably OK
too much data - but that is what

**GLENDALE MEMORIAL HOSPITAL
AND HEALTH CENTER
VEST-CPR® STUDY
COMMUNITY NOTIFICATION**

is Required
SO OK.

TX
Dan
Garnier

The Glendale Memorial Hospital and Health Center was one of four centers in the United States chosen to participate in a study of a new, potentially life-saving treatment for patients suffering cardiac arrest. Randomly selected patients suffering cardiac arrest in selected areas of the hospital were treated with a new way of performing Cardio-Pulmonary Resuscitation (CPR). The conditions of the study were carefully described in an FDA approved Investigational Device Exemption.

The new treatment, called VEST-CPR, relied on a device invented at The Johns Hopkins University Hospital in Baltimore and developed by CardioLogic Systems, Inc., located in Hanover, Maryland. This device performed the CPR chest compressions using a "vest", resembling an oversized blood pressure cuff, around the chest. Scientific evidence suggests that VEST-CPR may increase the survival rate of cardiac arrest patients over manual CPR. To study this question, four centers began a controlled study of the device. It was determined in advance that at least 800 patients would need to be treated with each technique in order to answer the question. An exemption from consent, authorized by the U.S. Food and Drug Administration (21 CFR 50.24), was used for all 10 patients. It was not feasible to obtain informed consent from the patient, a family member or a legally authorized representative at the time when the patient was in critical need for immediate treatment.

Unfortunately, just shortly after the study began, on November 7, 1997 CardioLogic suspended and then terminated all investigations of the VEST-CPR system in order to pursue other company interests. Nationally, only ten (10) patients were enrolled into the study from 28-Jul-97 to 29-Oct-97. Seven (7) males and three (3) females were enrolled. The average age was 72.3 years while the average duration of CPR was 13.80 minutes. Three (3) patients received manual CPR while the remaining seven (7) patients received VEST-CPR. Of the three manual patients, only one (1) experienced a return of a spontaneous circulation. This patient eventually re-arrested and did not survive. Of the seven (7) vest patients, three (3) experienced a return of a spontaneous circulation. These three patients did not survive after re-arresting in the hospital.

The need to find a better resuscitation technique is indisputable. Studies have shown that when a patient fails initial defibrillation, even the best manual CPR results in a long term survival rate of only 5-10%.

If you have any questions about the study, you may contact Linda Gregg, Director of Clinical Affairs, CardioLogic Systems, Inc., 1-800-321-4277.

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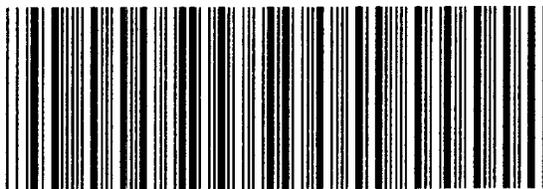
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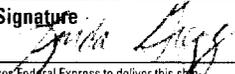
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